

this legislation is implementation of the recommendations adopted in the WTO dispute settlement proceedings or in achieving a mutually satisfactory solution to the issue that gave rise to the dispute.

Right now retaliation is the only authorized tool for persuading countries to comply with WTO decisions. No matter how selective USTR is in applying this retaliation tool, American jobs and businesses are affected. The preference is obviously that countries comply with WTO decisions and provide market access for the products of United States agriculture.

That is the goal of this bill and I urge my colleagues to join me in this effort.

#### BILL EXPLANATION

This bill amends section 306 of the Trade Act of 1974 by: Requiring that if the United States imposes duties or withdraws the benefits of a trade agreement because a country fails to implement a World Trade Organization (WTO) decision, the United States Trade Representative (USTR) must review and revise its action 4 months after the date of the action and every 6 months thereafter.

The revision may be minor ("in whole or in part").

Exceptions: USTR may waive the requirement if: (1) USTR determines that the targeted country is ready to implement the WTO decision; or (2) USTR determines, in consultation with the affected U.S. industry or petitioner in the case, that revision of the action is unnecessary.

Standard for revision: USTR shall act in a manner that is most likely to result in implementation of the recommendations adopted in the dispute settlement proceeding, or in achieving a mutually satisfactory solution to the issue that gave rise to the dispute.

### HEALTH RESEARCH AND QUALITY ACT OF 1999

SPEECH OF

**HON. MICHAEL E. CAPUANO**

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, September 28, 1999*

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 2506) to amend title IX of the Public Health Service Act to revise and extend the Agency for Health Care Policy and Research:

Mr. CAPUANO. Mr. Chairman, I rise in support of the Pediatric Graduate Medical Education (GME) amendment offered by Mrs. JOHNSON of Connecticut. The amendment, identical to H.R. 1579, The Children's Hospital Research and Education Act of 1999, would provide targeted Graduate Medical Education funding to our nation's freestanding children's hospitals by creating a fair and equitable financing system for pediatric physician training.

In today's increasingly competitive health care marketplace, independent children's teaching hospitals face serious challenges in receiving adequate patient care reimbursement to cover the added costs of their GME program. Unlike other teaching hospitals, freestanding children's hospitals do not qualify for the one remaining, stable source of GME financing—Medicare—because they care for children, not the elderly. As a consequence, these hospitals receive less than 0.5% of the

level of Medicare direct and indirect medical education support that all teaching hospitals receive. Boston Children's Hospital, located in my district, estimates the cost of GME to be in excess of \$20 million of which only \$2–3 million is reimbursed from the state's Medicaid program. This leaves \$17 million in unreimbursed expenditures that the hospital is forced to absorb. This gap in federal support jeopardizes highly successful pediatric training programs and places these children's hospitals at increasing competitive risk.

Comprehensive GME financing reform is needed by all hospitals, however, its achievement is several years away at best. This bill addresses the need for interim federal GME support for these children's teaching institutions which although accounting for less than 1% of all hospitals, train nearly 30% of all pediatricians and nearly half of all pediatric specialists. The passage of H.R. 1579 would allow for freestanding children's hospitals to receive an immediate source of financial assistance through a capped, time-limited appropriation that would provide GME payments to children's hospitals. The measure would authorize a \$280 million grant in FY2000 and \$285 million in FY2001. The passage of this bill would help sustain the vital role played by our Nation's freestanding children's teaching hospitals and would make payments to children's hospitals commensurate with those provided to other teaching facilities.

Without a consistent source of financial support, children's hospitals cannot fulfill their mission—providing clinical care for the sickest and poorest children, training the next generation of care givers for children, and investing in research to improve children's health care. If we really care about our children's future, we must ensure that they have access to the best medical care in the world. With this in mind, I urge each of my colleagues to give this amendment their strongest support.

### UNCOMMON COURAGE FIGHTING OUR FIGHT

**HON. BENJAMIN A. GILMAN**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Friday, October 1, 1999*

Mr. GILMAN. Mr. Speaker, eighteen months ago a courageous and fearless Colombian National Police (CNP) anti-narcotics operations Captain stayed overnight in the Colombian jungle to protect a downed excess-Vietnam-era, single engine Huey helicopter from the Revolutionary Armed Forces of Colombia (FARC) narco-terrorists in that troubled nation. Taken captive and dragged through Colombian jungles for more than 18 months, this courageous police captain was fighting America's fight against illicit drugs upfront and personal.

CNP Captain Wilson Quintero broke loose from his FARC captors this month after killing several of them during his escape. He stayed on the run through the tough jungles of Colombia for more than 12 days, where he was killed fighting his narco-guerillas captors after being shot 35 times. Two other CNP anti-drug officers, without weapons, were also found executed by the guerillas near Quintero's body.

The Colombian National Police used every aerial asset in its aged and ill-equipped heli-

copter fleet to try to save its courageous comrade. Captain Quintero leaves a wife and son to whom we extend our deepest sympathies. May Captain Quintero and all those CNP officers who have died fighting illicit drugs rest in peace and remind us of their courageous service in their and our drug war.

### NATIONAL REFLEX SYMPATHETIC DYSTROPHY AWARENESS

**HON. RANDY "DUKE" CUNNINGHAM**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Friday, October 1, 1999*

Mr. CUNNINGHAM. Mr. Speaker, I rise to recognize the promise of medical research. With the advancements in medical research being announced every day, the possibilities for improving the length and quality of life for all Americans appear impressive and unprecedented. We can maintain hope, buoyed by good science, that improved treatments and cures can be found for cancer, diabetes, AIDS, arthritis, Alzheimer's, Parkinson's and spinal cord injuries to name a few. However, to take full advantage of this possibility we must increase our funding for the National Institutes of Health and all federally funded medical research.

I could marvel you with the achievements in medical research that I have seen in the last year through my role as a member of the Appropriations Subcommittee on Labor, Health and Human Services and Education. However, I would instead like to focus on those individuals that experience pain in their daily lives. The National Arthritis Foundation tells me that nearly one in six Americans will suffer from some form of arthritis and according to the American Chronic Pain Association, pain is part of the daily lives of one in three Americans.

I am blessed to know a wonderful lady in San Marcos, California, Alfie Burns. Alfie is President of the Reflex Sympathetic Dystrophy Syndrome Association of California, serves as an Appeals Board Member on the California Department of Rehabilitation, is involved in her community and still has time to raise a family.

It is for people like Alfie that I have recognized the month of October as Reflex Sympathetic Dystrophy Awareness Month in the 51st District of California. I encourage my colleagues to join me in promoting unity in the chronic pain community to provide sound public education, cohesive medical information and bring compassion for those who experience chronic pain. I wish for all Americans to live self-supporting and fulfilling lives free from the ravage of pain.

IN HONOR OF NATIONAL REFLEX SYMPATHETIC  
DYSTROPHY AWARENESS MONTH, OCTOBER 1999

Whereas, Reflex Sympathetic Dystrophy (RSD) is a complex and extremely painful neurogenic medical condition that afflicts millions of Americans annually. RSD is a multiple symptom condition which may simultaneously affect nerves, muscles, bones, skin, and the circulatory system; and

Whereas, Reflex Sympathetic Dystrophy (RSD) was officially assigned an International Category of Diseases Code Number, ICD-9337.2, in October 1993, allowing accurate statistics on this condition to be collected. According to a recent survey by the National RSD Hope Group, 65% of RSD sufferers contract the disease in their thirties or forties